W4955 HIGHWAY 18

JEFFERSON 53549 Phone: (920) 674-8349		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	76	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	76	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	72	Average Daily Census:	72

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/31	(01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	6. 9
Supp. Home Care-Personal Care	Yes					1 - 4 Years	19. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	75.0	More Than 4 Years	73. 6
Day Servi ces	No	Mental Illness (Org./Psy)	0.0	65 - 74	18. 1		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	5.6	•	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	1.4	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivalent	
Congregate Meals	No i	Cancer	0. 0	ĺ	Í	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	0. 0	65 & 0ver	25. 0		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	2. 5
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	5. 9
Other Services	No	Respi ratory	0.0		·	Nursing Assistants,	
Provi de Day Programming for	i	Other Medical Conditions	0. 0	Male	43. 1	Aides, & Orderlies	61. 5
Mentally Ill	No			Femal e	56. 9		
Provi de Day Programming for	i		100.0		i		
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				65	100.0	145	0	0.0	0	7	100.0	166	0	0.0	0	0	0.0	0	72	100.0
Traumatic Brain Inj	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		65	100.0		0	0.0		7	100.0		0	0.0		0	0.0		72	100.0

Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12	/31/01
beachs builing keporering refrou		<u> </u>			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	si stance of	% Totally	Number of
Private Home/No Home Health	20.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	10.0	Bathi ng	0. 0		80. 6	19. 4	72
Other Nursing Homes	0.0	Dressi ng	16. 7		63. 9	19. 4	72
Acute Care Hospitals	10.0	Transferring	51. 4		34. 7	13. 9	72
Psych. HospMR/DD Facilities	20.0	Toilet Use	47. 2		37. 5	15. 3	72
Reĥabilitation Hospitals	0.0	Eati ng	<b>54.</b> 2		31. 9	13. 9	72
Other Locations	40.0	*************	******	*****	******	*********	******
Total Number of Admissions	10	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4. 2	Recei vi ng I	Respiratory Care	4. 2
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		34. 7	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	11. 1	Occ/Freq. Incontinent	t of Bowel	27.8	Recei vi ng S	Sucti oni ng	6. 9
Other Nursing Homes	0.0	· •				Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feedi ng	4. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	1.4	Recei vi ng 1	Mechanically Altered Diets	s 27.8
Rehabilitation Hospitals	0.0	İ			Ü	·	
Other Locations	22. 2	Skin Care			Other Resider	nt Characteristics	
Deaths	66. 7	With Pressure Sores		1.4	Have Advance	ce Directives	0. 0
Total Number of Discharges		With Rashes		8.3	Medi cati ons		
(Including Deaths)	9	İ			Recei vi ng l	Psychoactive Drugs	34. 7

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	Thi s	]	FDD		Al 1	
	Facility	Fac	cilities	Fac	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 7	84. 6	1. 12	84. 6	1. 12	
Current Residents from In-County	19. 4	41. 3	0. 47	77. 0	0. 25	
Admissions from In-County, Still Residing	10. 0	17. 0	0. 59	20. 8	0. 48	
Admissions/Average Daily Census	13. 9	18. 6	0. 75	128. 9	0. 11	
Di scharges/Average Daily Census	12. 5	22. 2	0. 56	130. 0	0. 10	
Discharges To Private Residence/Average Daily Census	1. 4	9. 4	0. 15	52. 8	0. 03	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	25. 0	15. 8	1. 58	87. 5	0. 29	
Title 19 (Medicaid) Funded Residents	90. 3	99. 3	0. 91	68. 7	1. 31	
Private Pay Funded Residents	9. 7	0. 5	20. 01	22. 0	0. 44	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	41. 7	50. 6	0. 82	49. 3	0. 85	
Psychological Problems	34. 7	46. 6	0. 74	51. 9	0. 67	
Nursing Care Required (Mean)*	6. 6	11. 0	0. 60	7. 3	0. 90	